Section N	2.'An'24i	ID NO.	DATE
FEE DETERMINATION	ELIZIL		04/1-01
O.I.P.E. CLASSIFIER		14/	5/4
FORMALITY REVIEW	N	312	105/1576
RESPONSE FORMALITY REVIEW	/KS	JC 906	12/05/01
			126362

INDEX OF CLAIMSEST AVAILABLE CORV

÷ Restricted 0 Objected				
Claim Nythin Date	Claim Date	Claim Date		
Final Co. City Co. Co. City Co. Co. City Co. Co. City Co.	Original	Pinal Onginal		
	51	101		
	52	102		
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4	54	104		
5	55	105		
	56 57	107		
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	59	109		
9 4 4 60	60	110		
/ 11	61	111		
12	62 63	112		
13	64	114		
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16	66	116		
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20	71	121		
21 22	72	122		
235	73	123		
24	74	124		
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27 28 28	78	128		
29	79	129		
30	80	130		
31 104 1	81	131		
32	82 83	132		
33 34	84	134		
35	85	135		
36	86	136		
37	87	137		
38	88 89	138		
40	90	140		
40	91	141		
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43	93	143		
44	94	144		
45	95	145		
46 47	96	147		
48	98	148		
49	99	149		
50	100	150		

If more than 150 claims or 10 actions staple additional sheet here

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